

1 copy State Supt.1 copy County Supt.1 copy School District

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Rate Per Mile

	ntees of another legal entity may utilize the services.		Ra	ate Per Mile			
Due Date All Routes		To County Supt October 1	To OPI October 15	\$	0.95		
County Name		County Number	District Nam	e	l	_egal Entity Number	
Phillips		36	Dodson F	Dodson Public Schools		0647 0648	
Route #	Length of Route	(miles per day)	Type of Ser	Type of Service Bus Route Mileage		Rated Capacity	
36-2-A-116BNorth	88		Bus Rout	□ Non Bus Mileage Bus Route Mileage		47	
Vehicle I.D. #	License #		- '			ctor Owned	
1G0G6P1P8MV500607	D530		□ Contract - I□ Contracted	f so, Name of Owner B rate per mile	ob Voise		
Reimbursement Distribution- Er	ter the legal entity			reimbursement to be pa	id to each distr	ict. Note: Percentages	
Legal Entity	Legal Entity	must match budget! ty Legal Entity		Legal Ent			
		648		Logar Linky			
% 60.00	% 40.	.00	%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergar this route	ten pupils riding		ARY RIDERS les PK-8)	HIGH SCHOOL R (Grades 9-1:	_	TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten riders)		110					
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible)							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
TOTAL RIDERO							
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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees	·	<u> </u>		Date			
				ordance with Section 2			
This Application for Registration area assigned to it by the Count			ment nas been review	rea and I certify that this	bus operates v	within the transportation	
Signature - Chair, County Transport	, ,				Date		



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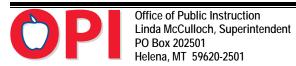
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Due Date	То С	County Supt	To OPI	Rate Per Mile		
All Routes	6	Octo	ber 1	October 15	\$0.95	
County Name		County Number	County Number District Name		Legal Entity Number	
Phillips		36	Saco Pul	olic Schools	1203 0657	
Route #	Length of Route			rvice Bus Route Mileage	Rated Capacity	
3	109		Bus Rout	□ Non Bus Mileage te Mileage	42	
Vehicle I.D. #	License #	☐ District Own			ct Owned	
1HVBRABL81A913302	258			If so, Name of Owner I rate per mile		
Reimbursement Distribution- En	nter the legal entity			reimbursement to be paid to	each district. Note: Percentages	
Legal Entity	Legal Entit	у	Legal Entity	Le	gal Entity	
1203	O	657				
% 75.00	% 25	.00	%		%	
PASSENGER INFORMATION				_	_	
Number of Preschool/Kinderga	rten pupils riding	ELEMENTARY (Grades Ph		HIGH SCHOOL RIDEF (Grades 9-12)	RS TOTAL ELIGIBLE RIDERS	
this route		a		b	С	
Regular (include eligible Preschool/	Kindergarten riders)	NUMBER		NUMBER	a + b	
1st Wheelchair (WC)	Trindergarteri fiders)					
, ,						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related						
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agree						
otherwise allow nonresident riders t (Include ineligible Preschool/Kinder						
Nonpublic School Riders (ineligible))					
TOTAL RIDERS						
We hereby certify that this bus w County Transportation Committee.				Les and within the transportation are transportation are		
We agree to supervision of this to required; to provide a vehicle which				ts to the State Superintendent and lic Education, the Montana Highwa		
Superintendent; and to provide a lic We also agree to refrain from so						
We understand that violations of this bus route.	the laws, rules or reg	julations governing school to	ransportation will b	be sufficient cause for withholding of	of state and county reimbursement for	
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Signature - Chair, Board of Trustees	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Date			
County	Transportation Co	ommittee Annroval as	required in acc	ordance with Section 20-10-	132. MCA	
This Application for Registration	n of School Bus an	d State Reimbursement			operates within the transportation	
area assigned to it by the Coun Signature - Chair, County Transport	Joniffillee.		Date			



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receives state reimbursement e		, ,	, the services.	F	Rate Per Mile		
Due Date: All Routes			County Supt ober 1	To OPI October 15		\$0.95	
All Roules	Octi	ober i	October 15		φυ.93		
County Name		County Number District Nam				Legal Entity Number	
Phillips		36	36 Malta K-1			0659	
Route #	Length of Rout	e (miles per day)	1		•	Rated Capacity	
3	110		☐ Non Bus Mileage Bus Route Mileage		age	36	
Vehicle I.D. #	License #		☐ District Ow		Contractor C		
4U\/DAZDMVDUEZ40Z2	F420	□ Contract -		If so, Name of Owner Craig Mangis			
1HVBAZRMXRH574873	E429		□ Contracted rate per mile				
Reimbursement Distribution- Er	nter the legal enti		e of state/county natch budget!	y reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Ent		Legal Entity	Legal Ent		у	
0659							
% 100.00 PASSENGER INFORMATION	%		%		%		
PASSENGER INFORMATION		ELEMENTARY	RIDERS	HIGH SCHOOL	RIDERS	TOTAL	
Number of Preschool/Kindergar	ten pupils riding	(Grades P	K-8)	(Grades 9-	12)	ELIGIBLE RIDERS	
ins route		a		b		С	
Regular (include eligible Preschool/l	Kindergarten riders	NUMBER		NUMBER		a + b	
1st Wheelchair (WC)							
, ,							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e.,							
nonresident and no attendance agree otherwise allow nonresident riders to	o be eligible)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
TOTAL RIDERS							
	We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the						
County Transportation Committee. We agree to supervision of this b	ous and bus route by	the State Superintendent; to	o make such repoi	rts to the State Superintende	ent and County S	Superintendent as are	
required; to provide a vehicle which Superintendent; and to provide a lice					Highway Patrol a	and the State	
We also agree to refrain from sol We understand that violations of					olding of state a	nd county reimbursement for	
this bus route.			·		J	•	
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We understand route changes of accordance with 20-10-132, MCA.	ccurring during the s	school year require the filing	of an amended TR	R-1 form and approval of the	County Transpo	ortation Committee in	
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees	itilii tile transportation se	ervice area assig	gned by the County Tran	Date Date			
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation							
area assigned to it by the Coun			nas deen revie	wed and I certify that this	s ous operates	within the transportation	
Signature - Chair, County Transportation Committee					Date		



1 copy State Supt.1 copy County Supt.1 copy School District

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number **Phillips** Malta K-12 Schools Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 3-non 110 36 Non Bus Mileage Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Craig Mangis 1HVBAZRMXRH574873 E429 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0659 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Due Dates	<i>c</i> , ,		To OPI	F	Rate Per Mile		
All Routes	October 1		October 15		\$1.57		
County Name		County Number	District Nam	ne		Legal Entity Number	
Phillips		36	Malta K-1	2 Schools		0659	
Route #	Length of Route	(miles per day) Type of Service		ice □ Bus Route Mileage □ Non Bus Mileage		Rated Capacity	
5	85		Bus Route Mileage		77		
Vehicle I.D. #	License #		☐ District Owned		Contractor Owned		
1HVLPZWP3KH622964	C198		□ Contract - If so, Name of Owner W□ Contracted rate per mile		Varren Abra	/arren Abrahamson 	
Reimbursement Distribution- En	ter the legal entity		of state/county tch budget!	reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Entity		Legal Entity		Legal Entity		
0659							
% 100.00	%		%		%		
PASSENGER INFORMATION		EL EMENTA DV. D	IDEDO	LIIOU AQUAQUI	OIDEDO.	TOTAL	
Number of Preschool/Kindergard	ten pupils riding	ELEMENTARY R (Grades PK-		HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		C	
Regular (include eligible Preschool/K	(indergarten riders)	NUMBER		NUMBER	<u> </u>	a + b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre	ement that would						
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Signature - Chair, Board of Trustees				<u> </u>	Date		
-	of School Bus and y Transportation C	mmittee Approval as required in accordance with Sect d State Reimbursement has been reviewed and I certify that committee.			•		
- g Shan, Ssanty Handpolic							



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Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.15 County Name County Number District Name Legal Entity Number **Phillips** Whitewater K-12 Schools 0663 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 3 80 54 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BAKCCKHX5F215050 65 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0663 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

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1 copy State Supt. 1 copy County Supt. 1 copy School District Rate Per Mile \$0.95 Legal Entity Number 0663 Rated Capacity 43 % TOTAL **ELIGIBLE RIDERS** С a + b

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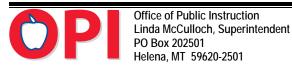
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County Name		County Number	District Nan	ne		Legal Entity Number	
Phillips		36	Whitewat	ter K-12 Schools		0663	
Route #	Length of Route	(miles per day)	Type of Sei	Type of Service ☐ Bus Route M		Rated Capacity	
4	158		Bus Rout	□ Non Bus Mileage Bus Route Mileage 48			
Vehicle I.D. #	License #		□ District Owned District Owned			ed	
1GNL7T1C74J526459	137			If so, Name of Owner If rate per mile			
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 0663	Legal Entit	ty must match budget! Legal Entity		Legal Ent		y	
% 100.00	 %		%		%	0/	
PASSENGER INFORMATION	70		70		70	-	
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades Ph		HIGH SCHOOL I (Grades 9-7		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/l	Kindergarten riders)	11022.1			-	5	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
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This Application for Registration area assigned to it by the Coun	ty Transportation (nas been feviev	wed and receiling that this		within the transportation	
Signature - Chair, County Transport	ation Committee				Date		



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